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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/735,023
	Filing Date	December 12, 2003
	First Named Inventor	Royse, Marion A.
	Art Unit	Unknown
	Examiner Name	Unknown
Total Number of Pages in This Submission	Attorney Docket Number	85939.000261

**ENCLOSURES (check all that apply)**

- |   |  |   |
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| <input type="checkbox"/> Fee Transmittal<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavit/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement including Forms PTO/SB/08a (2 pages) and PTO/SB/08b (1 page), and Copies of all foreign references listed on forms<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Application Data Sheet Transmittal, Application Data Sheet (3 pages), and Return Postcard |
|---|--|---|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Brian B. Shaw, HARTER, SECREST & EMERY LLP
Signature	
Date	March 19, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date	March 19, 2004

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PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Royse, Marion A.	Atty. Docket:	85939.000261
Serial No.:	10/735,023	Examiner:	Unknown
Filed:	December 12, 2003	Art Unit:	Unknown
Title:	SURFACE TREATED PARTICULATED POLYMERIC MATRIX FOR FORMING AN EXPOSED SURFACE OF A WEATHERSEAL		

APPLICATION DATA SHEET

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby submits an Application Data Sheet for the above-identified application. The Declaration executed by the inventors using form PTO/SB/01A was submitted at the time of filing the original application and requires the enclosed Application Data Sheet for the Inventor's Information.

Applicant believes there are no fees at this time.

Respectfully submitted,

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Dated: 18 March 2004



## Application Data Sheet

### Application Information

Application number::	10/735,023
Filing Date::	12/12/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	SURFACE TREATED PARTICULATED POLYMERIC MATRIX FOR FORMING AN EXPOSED SURFACE OF A WEATHERSEAL
Attorney Docket Number::	85939.000261
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
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Postal or Zip Code of mailing  
address::  
Phone number::  
Fax Number::  
E-Mail address::

**Representative  
Information**

<b>Representative Customer Number::</b>	23387	
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**Domestic Priority  
Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

**Foreign Priority  
Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

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